SECTION II

SCREENING AND RISK REDUCTION EDUCATION STANDARDS

ADULT HEALTH PROGRAM

TEXAS DEPARTMENT OF HEALTH

Screening and Risk Reduction Education Standards

Topic 2-1: Weight/Height

Over one-third of American adults are overweight and the number of overweight adults continues to increase. Being overweight increases a person's risk for Type 2 diabetes, high blood pressure, elevated cholesterol, stroke, heart disease, and some types of cancer.

Screening Standard

- Weigh patients periodically.
- An accurate height, measured without shoes, should be recorded in the patient record, minimally, at the initial patient encounter.

Recommended Standard Screening Procedure

- Identify patients at risk due to current overweight status or at risk to become overweight due to physical inactivity and poor nutrition.

  Weight
  - Use a balance beam or electronic scale.
  - Patient should not have on shoes and should be wearing minimal or no clothing.

  Height
  - Patient should stand as erect as possible with no shoes on.
  - If a height measuring rod attached to a scale is used, accuracy should be checked regularly.

- Retest/Follow-up
  - Weigh periodically.

- Refer to the Clinician's Handbook of Preventive Services, 2nd Edition for "Basics of Body Measurement Screening."

Evaluative Criteria

Traditionally, clinicians have used height and weight charts. Most major authorities now endorse the use of the Body Mass Index (BMI) to determine healthy weight.

- **Height and Weight Charts:**
  - Compare weight/height with the Healthy Weight Ranges for Adult Men and Women. The higher weights apply to persons with more muscle and larger frames, primarily men. Professional discretion should be used in determining

overweight status with height/weight charts.

- **Body Mass Index:**
  - The formula to calculate BMI is:

$$\textbf{BMI} = \frac{\textbf{Weight in kilograms}}{(\textbf{Height in meters})^2}$$

- The upper boundary of healthy weight corresponds to a BMI of about 25, based on the significant increase in risk of mortality that occurs among persons with BMI values above this cutoff point. The lower boundary of healthy weight represents a BMI of 19, although whether a weight below this level is unhealthy remains unclear. BMI values above 28-29, the boundary between moderate and severe overweight, are associated with an increasingly higher risk of disease and death.

Education Standard

- Counsel all patients to achieve or maintain a healthy weight through good nutrition and appropriate physical activity.
- If weight loss is recommended, more intensive education and follow-up will be necessary.

Patient Counseling

- A healthy weight for you is about_____.
- Being overweight can lead to heart disease, diabetes and other serious health problems.
- The best way to maintain a healthy weight or to lose weight if you are overweight is to limit fat and calories in your diet. Fat calories should be no more than 30% of your daily calories.
- Get at least thirty minutes of exercise most days of the week.
- Keep the lost weight off. You must maintain the weight loss to benefit from it.

References:

Clinician's Handbook of Clinical Preventive Services, 2nd Edition
Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults, National Institutes of Health, National Heart, Lung, and Blood Institute, 1998.

For additional information contact:
Texas Department of Health, Public Health Nutrition Program, 512-458-7744

Body Weights in Pounds According to Height and Body Mass Index*

Directions: To use the table, find the appropriate height in the left-hand column. Move across the row to a given weight. The number at the bottom of the column is the body mass index for the height and weight

	Body Weight (lb.)													
Height (in.)														
58	91	96	100	105	110	115	119	124	129	134	138	143	167	191
59	94	99	104	109	114	119	124	128	133	138	143	148	173	198
60	97	102	107	112	118	123	128	133	138	143	148	153	179	204
61	100	106	111	116	122	127	132	137	143	148	153	158	185	211
62	104	109	115	120	126	131	136	142	147	153	158	164	191	218
63	107	113	118	124	130	135	141	146	152	158	163	169	197	225
64	110	116	122	128	134	140	145	151	157	163	169	174	204	232
65	114	120	126	132	138	144	150	156	162	168	174	180	210	240
66	118	124	130	136	142	148	155	161	167	173	179	186	216	247
67	121	127	134	140	146	153	159	166	172	178	185	191	223	255
68	125	131	138	144	151	158	164	171	177	184	190	197	230	262
69	128	135	142	149	155	162	169	176	182	189	196	203	236	270
70	132	139	146	153	160	167	174	181	188	195	202	207	243	278
71	136	143	150	157	165	172	179	186	193	200	208	215	250	286
72	140	147	154	162	169	177	184	191	199	206	213	221	258	294
73	144	151	159	166	174	182	189	197	204	212	219	227	265	302
74	148	155	163	171	179	186	194	202	210	218	225	233	272	311
75	152	160	168	176	184	192	200	208	216	224	232	240	279	319
76	156	164	172	180	189	197	205	213	221	230	238	246	287	328
	19	**20**	**21**	**22**	**23**	**24**	**25**	**26**	**27**	**28**	**29**	**30**	**35**	**40**

Body Mass Index (kg/m2)

*Each entry gives the body weight in pounds (lb.) for a person of a given height and body mass index. Pounds have been rounded off.

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HEALTHY WEIGHT RANGES FOR ADULT MEN AND WOMEN

Height*	Weight**
4'10" (58")	91-199 lbs.
4'11" (59")	94-124 lbs.
5'0" (60")	97-128 lbs.
5'1" (61")	101-132 lbs.
5'2" (62")	104-137 lbs.
5'3" (63")	107-141 lbs.
5'4" (64")	111-146 lbs.
5'5" (65")	114-150 lbs.
5'6" (66")	118-155 lbs.
5'7" (67")	121-160 lbs.
5'8" (68")	125-164 lbs.
5'9" (69")	129-169 lbs.
5'10" (70")	132-174 lbs.
5'11" (71")	136-179 lbs.
6'0" (72")	140-184 lbs.
6'1" (73")	144-189 lbs.
6'2" (74")	148-195 lbs.
6'3" (75")	152-200 lbs.
6'4" (76")	156-205 lbs.

* Without Shoes

** From the US Departments of Agriculture and Health and Human Services, 1995, and based on an extensive review of the literature pertaining to weight-related risk of morbidity and mortality over a range of BMI values.

Screening and Risk Reduction Education Standards

Topic 2-2: Blood Pressure

About 50 million Americans have blood pressure readings high enough to warrant regular monitoring or medications. Persons with high blood pressure are at increased risk for coronary artery disease, peripheral vascular disease, stroke, renal disease and retinopathy.

Screening Standard

- All adults should have their blood pressure measured periodically.
- Patients with identified risk factors based on the Health Risk Profile should have a blood pressure screening done once every two years if <130/85, or annually if the systolic was 130-139 and /or the diastolic was 85-89.
- It is strongly encouraged that blood pressure be checked at every clinic visit.

Recommended Standard Screening Procedure

- Identify patients at risk due to overweight status, physical inactivity, family history of hypertension, or elevated blood pressure reading.
- Refer to the Clinician's Handbook of Preventive Services, 2nd Edition for "Basics of Blood Pressure Screening."

Evaluative Criteria

- Initial elevated readings should be confirmed on at least two subsequent visits over a period of one to several weeks.
- Average levels of diastolic of 90 mm Hg or greater and /or systolic of 140 mm Hg or greater is required for diagnosis.
- A blood pressure of 210 mm Hg systolic or greater and/or diastolic of 120 mm Hg or greater should be referred to a source of care immediately.

Classification of Blood Pressure for Adults Aged 18 and Older		
Category	**Systolic**	**Diastolic**
Normal	<130	<85
High-Normal	130-139	85-89
Hypertension		
Stage 1: Mild	140-159	90-99
Stage 2: Moderate	160-179	100-109
Stage 3: Severe	180-209	110-119
Stage 4: Very Severe	≥210	≥120

Re-screening and Follow-up Recommendations:

Recommendations for Follow-Up Based on Initial Set of Blood Pressure Measurements for Adults Aged 18 and Older

Initial Systolic BP*	Initial Diastolic BP*	Recommended Follow-Up**
<130	<85	Recheck in 2 years.
130-139	85-89	Recheck in 1 year.***
140-159	90-99	Confirm within 2 months.
160-179	100-109	Evaluate or refer to a source of care within 1 month.
180-209	110-119	Evaluate or refer to a source of care within 1 week.
≥210	≥120	Evaluate or refer to a source of care immediately.

* If the systolic and diastolic are different, follow recommendations for the higher number (ex:160/85mm Hg should be evaluated or referred to source of care within 1 month).

** Modify the follow-up schedule based on reliable information about past blood pressure measurements, other cardiovascular risk factors, or target-organ disease.

*** Consider providing advice about lifestyle modifications.

The Sixth Report of the Joint National Committee on Detection, Evaluation and Treatment of High Blood Pressure, National Institute of Health, September, 1997.

Education Standard:

- Lifestyle modifications may prevent the development of hypertension and should be the initial treatment modality for the first 3-4 months for patients with Stage 1 or Stage 2 hypertension.
- Patients should be taught the meaning of their blood pressure readings and advised of the need for periodic measurement.
- Counsel on identified individual risk reduction activities such as weight control, reducing fats, salt and alcohol, increasing physical activity, and avoiding tobacco products.

Patient Counseling

- Your blood pressure should be lower than _____/_____.
- Lose weight if you are overweight. Losing as little as five to ten pounds can lower your blood pressure and this occurs early in the weight loss program.
- Become more physically active. An activity such as 30 minutes of brisk walking most days of the week can help lower your blood pressure.
- Eat less salt. Taste your food before you add salt to it. Eat fewer foods with a lot of salt in them, such as fast foods and salty snacks.
- Eat a variety of foods every day to get enough potassium, calcium and magnesium.
- If you drink alcohol, do not drink more than two drinks of beer, wine or liquor a day if you are a man, or more than one drink a day if you are a woman.
- Smoking tobacco does not cause high blood pressure but it does increase the risk of heart disease. If you smoke, plan to quit.

References:

Clinician's Handbook of Preventive Services, 2nd Edition
The Sixth Report of the Joint National Committee on Detection, Evaluation and Treatment of High Blood Pressure, 1997: National Institutes of Health, National Heart, Lung, and Blood Institute

Screening and Risk Reduction Education Standards
Topic 2-3: Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States. Cigarette smoking is responsible for one of every five deaths–or more than 400,000 deaths–every year in the U.S. Cigarette smoking is a known cause of cancer, heart disease, stroke, and chronic obstructive pulmonary disease. Eighty-seven percent of lung cancers, the leading cause of cancer deaths in both men and women in the U.S., are caused by cigarette smoking. Every day nearly 3,000 teenagers start smoking cigarettes.

Screening Standard

- Systematically identify tobacco users by regularly and periodically asking and documenting the smoking status of all patients, i.e., make this the 5th vital sign.
- Smokers should be counseled on smoking cessation and offered nicotine replacement therapy and referral to smoking cessation programs as appropriate.

Recommended Standard Screening Procedure

- Identify smokers. A brief self-administered questionnaire may facilitate assessment of smoking status.

Example of a smoking assessment tool:

Name: _____ Date: _____

1. Do you smoke now? [ ] Yes [ ] No
2. Does the person closest to you smoke? [ ] Yes [ ] No
3. How many cigarettes do you smoke a day? _____a day.
4. How long after you wake up do you smoke your first cigarette?
   [ ] Within 30 minutes [ ] More than 30 minutes
5. How interested are you in stopping smoking?
   [ ] Not at all [ ] A little [ ] Some [ ] A lot [ ] Very
6. If you decided to quit smoking completely during the next 2 weeks how sure are you that you could stop?
   [ ] Not at all [ ] A little [ ] Some [ ]A lot [ ]Very

(Adapted from Glynn TJ, Manley MW, How to Help your Patients Stop Smoking, National Institutes of Health, National Cancer Institute.)

Re-screening and Follow-up

- Follow the "4 A's" with all smokers.
  - **G** Ask about tobacco use at every encounter
  - **G** Advise the smokers to quit
  - **G** Assist the smokers in quitting
  - **G** Arrange for follow-up and prevent relapse

- For patients not willing to quit now, provide educational literature and ask about readiness to quit at subsequent visits.

Education Standard

- Refer to the Clinician's Handbook of Preventive Services, 2nd Edition for the "Basics of Smoking Cessation Counseling."
- Provide clear advice to stop smoking and personalize the message.
- If the patient is ready to stop:
  - **G** Help the patient develop a quit plan
  - **G** Help the patient set a quit date
  - **G** Provide education and motivational materials
  - **G** Recommend nicotine replacement therapy
  - **G** Provide key advice on successful quitting
  - **G** Offer skills training and social support
  - **G** Arrange for follow-up visits and relapse prevention

Patient Counseling

- Cigarettes hurt your lungs and your heart and cause cancer.
- Cigarette smoking stains your teeth and fingernails, causes increased wrinkling of the face and makes your clothing, breath, and hair smell bad.
- Your cigarette smoke hurts other people, especially children. Children who live with cigarette smokers have more ear infections, asthma and pneumonia.
- If you smoke, ask yourself when you would like to quit. When you are ready to quit:
  - **T** Make a plan to quit and set a date.
  - **T** Tell your friends and family that you are going to quit. Get rid of your cigarettes and ashtrays.
  - **T** Ask your doctor or clinic for help. There are new medicines that can make it easier to quit smoking.

- Relapse is common. If you fail the first time, don't give up. Keep trying! You can quit for good and live a longer, healthier life.

References:

Clinician's Handbook of Preventive Services, 2nd Edition
Chronic Diseases and Their Risk Factors: The Nation's Leading Causes of Death, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 1998.
Clinical Practice Guideline Number 18: Smoking Cessation, U.S. Department of Health and Human Services, Agency for Health Care Policy and Research, April, 1996

For additional information contact:
Texas Department of Health, Office of Smoking and Health: 1-800-345-8647.

Screening and Risk Reduction Education Standards

Topic 2-4: Diabetes

About 16 million Americans have diabetes and and approximately half of these are undiagnosed. Diabetes is the seventh leading cause of death in the United States. Diabetes is a major cause of disability: it is the leading cause of blindness and non-traumatic lower extremity amputations among American adults. Ninety-five percent of the diabetics in the U.S. have Type 2 diabetes.

Screening Standard

- Periodically screen non-pregnant, asymptomatic high-risk adults over age forty. High-risk factors include:
  - Greater than 20% over ideal body weight
  - History of diabetes in a parent or sibling
  - High-risk ethnicity (Native/African-American, Hispanic)

Recommended Standard Screening Procedure

- Identify patients at high risk for diabetes.
- Measure venous plasma glucose after patient has had nothing to eat or drink except water for at least eight (8) hours. A random blood glucose level in excess of 200 mg/dL is considered elevated and an indicator for furthur assessment.
- Venous samples are more accurate, but capillary glucose finger stick method is acceptable if performed by licensed, trained personnel who have demonstrated competency in the test procedure, and if related policies and procedures are being followed. Capillary glucose values are estimated to be approximately 14% lower than venous glucose.
- Random (non-fasting) blood glucose levels can be used to screen for diabetes if a fasting sample is unavailable.
- REMEMBER: certain drugs can induce hyperglycemia including: glucocorticoids, furosemide, thiazides, beta blockers, estrogen-containing products and nicotinic acids.
- Refer to the Clinician's Handbook of Preventive Services, 2nd Edition for the "Basics of Plasma Glucose Screening."
- See the AHP Policy for Abnormal Screening results.

Criteria for Diagnosing Diabetes in Non-Pregnant Adults	
Criteria for the diagnosis of diabetes: any one of the conditions is sufficient for diagnosis.	Classic signs and symptoms of diabetes with a random blood glucose of >200, **OR** Fasting plasma glucose ≥ 126 mg/dL. **OR** Two hour plasma glucose ≥ 200mg/dL after a 75g glucose load.
Criteria for diagnosis of impaired glucose tolerance (IGT)	Two hour plasma glucose ≥ 140 mg/dL but < 200 mg/dL after a 75g glucose load
Criteria for diagnosis of impaired fasting glucose (IFG)	Fasting plasma glucose ≥ 110 but <126 mg/dL

Adapted from the Report of the Expert Committee on the Diagnosis and Classification of Diabetes Mellitus, 1997.

Education Standard

- All patients, regardless of risk, should be given instructions on a low fat diet. Fat calories should be less than 30% of total daily calories.
- Instruct all at-risk patients on weight loss, proper nutrition and maintaining a physically active lifestyle
- Teach patients the warning signs of diabetes and personal risk factors for diabetes.

Patient Counseling

- You can have diabetes and not have any symptoms of the disease.
- Some people are more likely to develop diabetes than others because they have certain risk factors. The risk factors are:
  - Age 40 or older and/or overweight
  - A parent or brother or sister with diabetes
  - Having had diabetes when you were pregnant or having a baby that weighed over 9 pounds at birth
  - Being in a high-risk ethnic group (Hispanic, African/Native American)
- You can prevent complications of diabetes by having a healthy lifestyle:
  - Maintain a normal weight throughout your life.
  - Be physically active on most days of the week.
  - Eat a healthy diet. Eat fruits, vegetables and whole grains every day.

References:

Clinician's Handbook of Preventive Services, 2nd Edition

Report of the Expert Committee on the Diagnosis and Classification of Diabetes Mellitus, July, 1997.

For additional information, materials and the Minimum Standards for Diabetes Care in Texas, contact: Texas Department of Health, Texas Diabetes Council: 512-458-7490.

Screening and Risk Reduction Education Standards

Topic 2-5A: Vaccine Preventable Disease - Tetanus and Diphtheria

Tetanus occurs almost exclusively in unvaccinated or inadequately vaccinated persons. Sixty-seven percent of the cases reported yearly occur in adults over the age of 50. The mortality rate is 25%, yet adequate immunization with tetanus toxoid is nearly 100% effective in preventing illness. The overall case fatality for diptheria is up to 20% in adults older than age 40 and 60% of adults lack protective levels of antitoxin antibodies.

Screening Standard

- All adults should complete a basic Td series, and receive a Td booster periodically.
- The standard regimen is a booster every ten years, or after five (5) years with a puncture wound or other potentially contaminated injury.

Recommended Standard Screening Procedure

- Ask and document the date of every adult's last Td booster to assess status.
- Offer immunization to patients who have not had a booster in $\geq$ ten years or who are 24 years old or over and do not know when they last had a booster. Offer immunization to patients with a puncture wound or other potentially contaminated injury who have not had a booster in $\geq$ five years
- Use caution in patients who have had an allergic reaction to a previous dose.
- Contraindicated in those who have had a previous anaphylactic reaction to the vaccine.

Education Standard

- Counsel all patients on the adult immunization schedule.
- Provide an immunization record and encourage patients to request boosters every ten years.

Patient Counseling

- Tetanus ("lockjaw") is a serious disease that kills 1 in 4 people who get it.
- Diphtheria is a serious disease that kills 1 in 10 people who catch it.
- Both tetanus and diphtheria can be easily prevented by one injection every 10 years.
- Keep a record of your immunizations and remind your doctor or clinic when you are due for your next booster.
- Your next Td booster will be due in _____.

References:

Clinician's Handbook of Preventive Services, 2nd Edition.
Guide for Adult Immunization, 3rd edition, approved by the American College of Physicians
For additional information contact: TDH, Immunizations Division, 1-800-252-9152.

Screening and Risk Reduction Education Standards

Topic 2-5B: Vaccine Preventable Diseases - Influenza

Ninety thousand Americans died of influenza between 1972 and 1992. Older adults with chronic health problems such as heart disease and lung disease are at especially high risk of death or serious illness from influenza.

Screening Standard

- Adults age 65 or older should receive the influenza vaccine every year.
- Adults at high risk for influenza-related complications due to other medical conditions should receive the flu vaccine annually. High risk groups include:
  - Adults with chronic pulmonary or cardiovascular diseases.
  - Adults who needed regular medical care or hospitalization in the previous year due to chronic disease, including diabetes, renal dysfunction, hemoglobinopathies or immunosuppression.
  - Residents of nursing homes and other chronic-care facilities.
  - Immunosuppression caused by medication or disease including those with HIV or AIDS.
- Persons who can transmit influenza to high risk groups should be immunized annually: health care providers, employees of chronic care facilities that have contact with patients, and household members of persons in high risk groups.
- Contraindicated in persons allergic to eggs or those who have had a previous anaphylactic reaction to influenza vaccine.
- Use with caution in persons who have had Guillian-Barre syndrome or paralysis.
- Seek advice of a physician about special risks that might exist.

Recommended Standard Screening Procedure

- Assess if patient is a candidate for immunization due to age or other risks.
- Document need for influenza vaccine during flu season.

Education Standard

- Outreach efforts and patient education is needed to increase immunization rates.

- Counsel individuals on their risks, the immunization schedule, and when to return.
- Instruct patients that influenza vaccine begins its' protective affect 1-2 weeks after vaccination, so patient should be encouraged to seek vaccination annually before the onset of the flu season (mid October - April).

Patient Counseling

- Influenza is very contagious. People usually develop flu symptoms 1-3 days after being exposed. Flu is spread through the air by coughing and sneezing and on hands.
- Influenza is a leading killer of the elderly and chronically-ill, but can be easily prevented with yearly immunizations.
- It takes the flu shot 1-2 weeks after injection to become effective, so it should be given early in the flu season. The protection does not last long, so the shot must be given every year.

References:

Clinician's Handbook of Preventive Services, 2nd Edition
Guide to Adult Immunization, Third Edition, American College of Physicians

For additional information contact:
The Texas Department of Health, Immunizations Division, 1-800-252-9152

Screening and Risk Reduction Education Standards

Topic 2-5C: Vaccine Preventable Disease - Pneumococcal Pneumonia

Streptococcus pneumoniae infections are a major cause of illness and death in the United States, particularly among the elderly and chronically ill. The 23-valent pneumoccocal vaccine can protect against 60% of the S. pneumonia serotypes, but despite this less than 40% of at-risk adults are immunized.

Screening Standard

- Adults age 65 or older should be immunized at least once, and re-vaccination is recommended for those who received the 14-valent vaccine more than six years ago.
- Adults who received 23-valent vaccine more than six years ago should be re-vaccinated if they are at highest risk.
- Immunization is indicated for adults under the age of 65 who are at risk for invasive pneumonia disease:
    - Adults with chronic illnesses including diabetes, cardiovascular disease, chronic pulmonary disease, alcoholism, cirrhosis, or cerebrospinal fluid leaks.
    - Adults who are immunocompromised for any reason or those with abnormal function of the spleen, Hodgkin's disease, lymphoma, multiple myeloma, renal failure, nephrotic syndrome or transplanted organs.
    - Adults with HIV infection or AIDS.
    - Residents of environmental or social settings with increased risk of pneumococcal disease.
    - Certain Native-American populations.
- Immunization generally should be deferred during pregnancy.

Recommended Standard Screening Procedure

- Assess if patient is a candidate for immunization due to age or other risks.
- Offer immunization and document teaching and administration, or refer to a source for immunization and document the referral.
- Do not miss any opportunity to assess the need for and to provide immunizations.

Retest/Follow-Up

- Reassess risk status annually.

Education Standard

- Outreach and patient education is needed to increase compliance with pneumococcal vaccination.
- Explain risk factors to patient and encourage immunization.
- Provide immunization record.

Patient Counseling

- Pneumonia is a serious disease that can kill elderly and chronically ill people.
- You can develop pneumonia in as little as three days after exposure to the bacteria.
- One immunization provides life-long protection for most people. If you are at the highest risk, your doctor may recommend repeating the immunization after five years.

References:

Clinician's Handbook of Preventive Services, 2nd Edition
Guide for Adult Immunizations, Third Edition, American College of Physicians

For additional information contact:
The Texas Department of Health, Immunization Division, 1-800-252-9152

Screening and Risk Reduction Education Standards

Topic 2-5D: Vaccine Preventable Disease - Rubella

Since the introduction of the rubella vaccine in 1969, the incidence of rubella has declined markedly. In the adult population, however, rubella continues to pose a threat to non-immunized women of child-bearing age. Rubella infection during pregnancy can result in miscarriage, still birth, or congenital rubella syndrome.

Screening Standard

- Women of child-bearing age without documented immunity (rubella titer results) or known prior immunization should be immunized.

Recommended Standard Screening Procedure

- Identify women of child-bearing age who have not been previously immunized and/or who have a non-immune rubella titer.
- Immunize with one 0.5 mL dose of vaccine. Authorities recommend the measles-mumps-rubella (MMR), unless contraindicated. Do not immunize pregnant women.
- Refer to the Clinician's Handbook of Preventive Services, 2nd Edition for the "Basics of Rubella Immunization."

Education Standard

- Counsel non-rubella immune women of child-bearing age on the risks of rubella disease during pregnancy, especially in the first trimester.
- Women who receive the rubella immunization should postpone pregnancy for three months following administration of the vaccine. Non-rubella immune pregnant women should be immunized after delivery.

Patient Counseling

- Rubella is caused by a virus. If a women has rubella during a pregnancy, it can cause miscarriage, stillbirth or severe birth defects.
- Rubella can be prevented with a vaccination (shot).
- Do not get the vaccination if you are pregnant. Do not get pregnant for three months after you receive the vaccination.
- If you are already pregnant and need the vaccination, get it after your baby is born.

Reference:

Clinician's Handbook of Preventive Services, 2nd Edition

For more information, contact the TDH Immunization Initiative at: 1-800-252-8239.

Screening and Risk Reduction Education Standards

Topic 2-5E: Vaccine Preventable Disease – Hepatitis B

Two-hundred thousand new cases of hepatitis B virus (HBV) infection occur yearly in the U.S. Most of these cases occur in young adults as the result of exposure to body fluids. An estimated 25% of the infected individuals will develop chronic active HBV infection.

Screening Standard

- Individuals in high-risk groups should be immunized against HBV.

Recommended Standard Screening Procedure

- Identify patients in high risk groups who have not been previously immunized.
- High-risk groups include:
  - Heterosexuals with a recent history of more than one sexual partner or recent episode of STD.
  - Sexually active homosexual or bisexual males.
  - IV drug users.
  - Household contacts or sexual partners of persons with chronic hepatitis B infection (positive HBsAG).
  - Health care workers or others at increased occupational risk for exposure to infected body fluids.
  - Hemodialysis patients.
  - Residents and some employees of long-term correctional institutions or facilities for the developmentally delayed.
- Refer to the Clinician's Handbook of Preventive Services, 2nd Edition for the "Basics of Hepatitis B Immunization"

Re-screening and Follow-up

- Post immunization testing for immunity is recommended one to two months after completion of the series for those at highest risk:
  - Dialysis patients.
  - Health care workers and others at high risk for occupational exposure to bodily fluids.

Education Standard

- Inform at-risk patients of HBV transmission, risk and prevention.

Patient Counseling

- Hepatitis is a disease of the liver. Hepatitis B is spread through contact with the blood or body fluids of someone who has Hepatitis B.
- The most common ways that people get Hepatitis B are through sex or sharing needles.
- About one in four people who get Hepatitis B develop chronic liver disease that can lead to cirrhosis of the liver, cancer of the liver, or liver failure.
- Hepatitis B can be prevented by a series of three vaccinations (shots).
- Your risk of getting Hepatitis B is higher if:
    - You have more than one sex partner or you have recently had a sexually transmitted infection.
    - You are a gay or bisexual man.
    - You share needles for drug injection or tattoos.
    - You live with or have sex with someone who has chronic Hepatitis B.
    - You are a healthcare worker or your work puts you in contact with body fluids.
- If you have these risks, talk to your doctor or clinic about getting the vaccine.
- If you are at risk and decide not to be immunized, decrease your risk:
    - Use a condom with spermicide every time you have any kind of sex.
    - Do not share needles, ever.
    - Protect yourself from exposure on the job with gloves, face or eye shields, and gowns.

Reference:

Clinician's Handbook of Preventive Services, 2nd Edition

For more information, contact the TDH Immunization Initiative at: 1-800-252-8239.

Screening and Risk Reduction Education Standards

Topic 2-6A: Cancer – Colorectal Cancer

Colorectal cancer is the third leading cause of cancer deaths in the United States. Detected early, colorectal cancer can by treated successfully with surgery. Colorectal cancer most often is diagnosed in persons over forty years of age. Persons with a first-degree family history of colorectal cancer or a personal history of ulcerative colitis or adenomatous polyps are at the highest risk.

Screening Standard

- Patients age fifty and older should be screened periodically for colorectal cancer.
- Fecal occult blood testing (FOBT) and sigmoidoscopy are both effective screening methods.

Recommended Standard Screening

- Identify patients at risk.
- Refer to the Clinician's Handbook of Preventive Services, 2nd Edition for the "Basics of Fecal Occult Blood Testing."
- Refer to the Clinician's Handbook of Preventive Services, 2nd Edition for the "Basics of Sigmoidoscopy Screening."

Re-screening and Follow-up

- Normal FOBTs should be repeated annually.
- Normal flexible sigmoidoscopy should be repeated periodically at the discretion of the clinician.
- Abnormal findings in either the fecal occult blood test or the flexible sigmoidoscopy require referral for medical evaluation or further diagnostic follow-up.

Education Standard

- Explain purpose and frequency of testing.
- Explain thoroughly and in plain language the preparation for testing. The key to optimal test results is proper patient preparation.

Patient Counseling

- Cancer of the colon and rectum is the third leading cause of cancer deaths in the United States. Cancer of the colon and rectum can be cured with surgery if it is found early.
- The best way to find colorectal cancer is with testing. There are different ways to test
- for colorectal cancer.
- Studies have shown that diets high in fat and low in fiber may increase the rate of colorectal cancer
- You may be able to reduce your risk of developing cancer of the colon or rectum if you:
    - Eat less fat. No more than 30% of the calories you eat in a day should come from fat. Eating less fat also decreases your risk for heart disease and diabetes and will help control your weight.
    - Eat less red meat.
    - Eat more fiber. Fiber is in fruits, vegetables, cereal, whole grains, and beans.
    - Be physically active. Get at least thirty minutes of physical activity most days of the week.

References:

The Clinician's Handbook of Preventive Services, 2nd Edition
Cancer Rates and Risks, 4th Edition, 1996, National Institutes of Health, National Cancer Institute

Screening and Risk Reduction Education Standards

Topic 2-6B: Cancer - Breast Cancer and Mammography

Breast cancer is the most common type of cancer in women and the second leading cause of cancer death in American women. Mammography is the most effective approach to the early detection of breast cancer. Early detection strongly influences outcome. The five-year survival rate among women who have local breast cancer detected is 96%.

Screening Standard

- Breast cancer screening should be performed on women 50-69 years of age through mammograms every one to two years, with or without clinical breast exams (CBE).
- The performance/periodicity of clinical breast exams are left to the clinician's discretion.
- For women age 40-49 with risk factors, clinicians should also consider a mammogram every 1-2 years.

Recommended Standard Screening Procedure

- Assess the patient's need for a mammogram/CBE based on age, date of last test, and/or risk factors.
- Establish a tracking system to ensure that mammograms ordered are actually preformed, that results are returned in a timely manner and that patients who are not seen frequently can be called or contacted by letter about the importance of getting mammograms and concerning the results.
- A mammography facility must have both state and federal certification in order to operate in Texas.
- Any palpable breast lump, even with a normal mammogram, requires careful evaluation including possible biopsy.

Re-screening and Follow-up

- Explain results and the recommendations for repeat mammograms to the patient.
- Refer anyone with abnormal results for further medical evaluation.

Education Standard

- Teach patient that regular mammograms can aid in early detection of breast cancer and can save lives.
- Encourage patient to have mammograms at the regular, recommended intervals.

Patient Counseling

- Mammograms can find an problem in the breast while it is still too small to be felt, even by your doctor or nurse.
- Finding breast cancer early can save your life.
- Get a mammogram every one to two years if you are fifty years old or older, or more often as recommended by your physician.

References:

Clinician's Handbook of Preventive Services, 2nd Edition

For more information call: TDH Breast and Cervical Cancer Control Program, 512-458-7644.
Sites funded by the BCCCP Program must comply with the requirements of that program.

Screening and Risk Reduction Education Standards

Topic 2-6C: Cancer - Breast Cancer and Clinical Breast Examination*

Cancer of the breast can manifest as visual and physical changes of the breast and axilla. Most clinical trials have evaluated the effectiveness of screening for breast cancer in women with either mammography alone or mammography combined with clinical breast examination (CBE). Sensitivity for detection of cancer when the CBE is performed by a clinician is approximately 45% and for breast self-examination by women aged 35-39 years it is 41%. Sensitivity decreases with advancing age to only 21% for women aged 60 to 74 years.

Screening Standard

- Women should have a complete clinical breast exam performed by a qualified clinician every three years from age 20 to 39 years, and then annually age 40 years and older.
- CBE may be performed in women 50-69 years of age in conjunction with mammography.
- Although there is insufficient evidence, recommendations to screen high risk women beginning at age 40 and women over 70 may be made on other grounds.

Recommended Standard Screening Procedure

- Clinical breast examination.
- See the Clinician's Handbook of Preventive Services, 2nd Edition for "Basics of Breast Examination."
- Abnormal findings from the clinical breast exam:
    - A lump in the breast
    - Persistent localized pain
    - Enlarged lymph nodes - prominent or painful axillary lymph nodes
    - Skin changes - changes in contour, enlargement or shrinkage of one breast
    - Nipple discharge
    - Nipple changes - a lesion that fails to heal, change in nipple direction and/or a thickening or scaling of the nipple areola
    - Changes from the last examination

Retest/Follow-up

- Counsel and re-screen as needed.
- Refer for medical evaluation/mammography for abnormal findings.
- See Adult Health Program policy for Abnormal Screening Results.

Education Standard

- Teach the patient the recommended frequency of clinical breast examination with mammography (if applicable).

Patient Counseling

- If you find a lump in your breast, see a doctor as soon as possible. Most breast lumps are not cancer, but you should always see a doctor if you find a lump in your breast.
- You should have a breast examination by a doctor or specially trained nurse every 3 years from age 20-39 and annually after age 40.

References:

Clinician's Handbook of Preventive Services, 2nd Edition

For additional information contact:
Texas Department of Health, Breast and Cervical Cancer Control program, 512/458-7644.
Sites funded by the BCCCP Program must comply with the requirements of that program.

* This policy does not correlate with the HRP-SF, but has been included for the convenience of clinicians who wish to include this element as part of a comprehensive clinical prevention program.

Screening and Risk Reduction Education Standards

Topic 2-6D: Cancer - Cervical Cancer and the Pap Smear

Death from cervical cancer has decreased an estimated 70% due to early detection with Papanicolaou smear testing. Despite that, thousands of American women die every year from invasive cervical cancer. While the incidence of cervical cancer ***in situ*** peaks between the ages of 20-30 years, 40-50% of all women who die of cervical cancer are older than 65 years old. Many elderly and middle-aged women, particularly minority and lower socio-economic status women, do not receive regular Pap tests.

Screening Standard

- Women who have ever been sexually active should receive regular Pap smears.
- Pap testing should begin when a woman first engages in sexual intercourse or at age 18 if sexually history is thought to be unreliable.
- A Pap smear should be performed at least every three years.
- The physician should recommend the testing interval based on the patient's risk factors.

Recommended Standard Screening Procedure

- Identify patients due for a Pap smear.
- Refer to the Clinician's Handbook of Preventive Services, 2nd Edition for the "Basics of Pap Smear Screening."
- Do not use the cytobrush with pregnant women.

Evaluative Criteria

- The Revised Bethesda System for Reporting Cervical and/or Vaginal Cytologic Diagnoses should be used. This system attempts to standardize classification categories and provides for reporting on aspects of the sample not addressed in traditional Pap smear reports, such as adequacy of the sample submitted (See the Clinician's Handbook of Preventive Services, 2nd Edition).

Re-screening and Follow-up

- Explain results and schedule for repeat screening.
- Follow-up screening should be based on standard medical care for any specific pathological findings.
- Refer for medical evaluation of abnormal conditions as indicated by standard medical practice.
- Make efforts to ensure that the patient follows through with referrals and necessary repeat screening if an abnormality is detected.

Education Standard

- Teach the patient the importance of regular Pap smears.
- Provide the patient with risk reduction education concerning cervical cancer.

Patient Counseling

- Cervical cancer can be treated with the most success when it is detected early.
- Get regular Pap smears (at least every 3 years).
- A Pap smear is a test for cancer of the cervix (opening of the uterus). The Pap smear can find changes in the cells of your cervix BEFORE they become cancerous.
- Your risk of having an abnormal Pap smear (and cervical cancer) is higher if :
  - you started having sex before you were18 years old.
  - you have had more than one sex partner.
  - you had been infected with the human papillomavirus (sexually-transmitted genital warts or HPV).
  - you smoke cigarettes.
- If your Pap smear results are abnormal you may need to have the Pap test done again in a few months or you may need more testing, usually in a doctor's office.
- The cause of an abnormal Pap test can usually be treated in a doctor's office.

Reference:

Clinician's Handbook of Preventive Services 2nd Edition

For additional information contact:
Texas Department of Health, Breast and Cervical Cancer Control and Program, 512-458-7644
Sites funded by BCCCP must comply with the screening standards and procedures, and evaluative criteria and recommended followup required for that program.

Screening and Risk Reduction Education Standards

Topic 2-6E: Cancer – Prostate Cancer

Prostate cancer is the most common type of cancer and the second leading cause of cancer deaths among American men. Risks for prostate cancer include being age fifty or older, African-American ethnicity or having a father or brother with prostate cancer. The principal screening tests are the digital rectal exam (DRE) and the prostate-specific antigen (PSA) blood test for elevated levels of certain tumor markers, primarily prostate cancer. Both can have false-negative and false-positive results

Screening Standard

- Men at risk should be counseled on the known risks of prostate cancer and the potential benefits/harm of screening and follow-up treatment if abnormal results are found.

Recommended Standard Screening Procedure

- Identify patients at risk.
- Refer to the Clinician's Handbook of Preventive Services, 2nd Edition for the "Basics of Rectum and Prostate Examination" for guidelines for the DRE.
- Refer to the Clinician's Handbook of Preventive Services, 2nd Edition for the "Basics of Prostate-Specific Antigen Screening" for guidelines for the PSA.

Re-screening and Follow-up

- Offer repeat testing as appropriate and at the discretion of the clinician.
- Refer for medical evaluation if abnormalities are detected.

Education Standard

- Educate patients on the risk of prostate cancer and the risks and benefits of screening and follow-up treatment if abnormal results are found.
- Inform patient of the frequency of screening if he decides to be tested.

Patient Counseling

- Prostate cancer is the most common type of cancer among American men.
- Men who are 50 or older, African-American, or who have a brother or father with the disease are more likely to get prostate cancer.
- In some men prostate cancer grows very slowly and in other men it spreads quickly.
- If you are at risk, talk with your doctor about the risks and benefits of screening.

Reference:

Clinician's Handbook of Preventive Services, 2nd Edition

For more information contact the Prostate Cancer Education Program, Texas Department of Health, 1-800-242-3393

Screening and Risk Reduction Education Standards

Topic 2-7A: Cholesterol - Adults without Coronary Heart Disease (CHD)

High blood cholesterol is a significant risk factor for coronary artery disease, which is the leading cause of death among adults in the United States. High blood cholesterol can be reduced in many people by dietary and lifestyle changes.

Screening Standard

- Screening every five years for high serum cholesterol is recommended for all men 35-65 years of age and for all women 45-65 years of age.
- Screening of younger adults may be recommended for those at high risk:
  - Patients with diabetes;
  - Patients who smoke;
  - Patients with hypertension;
  - Patients with premature CHD in a first degree relative;
  - Patients with a family history of severely elevated cholesterol.
- Cholesterol screening should be done with a venous blood sample. The patient does not need to be fasting.

Recommended Screening Procedure

- Identify patients at risk due to age or risk factors.
- Refer to the Clinician's Handbook of Preventive Services, 2nd Edition for the "Basics of Cholesterol Screening.

Evaluative Criteria

Evaluative Criteria for Patients With No History of Coronary Heart Disease

Total Cholesterol	HDL-Cholesterol
<200 mg/dL: Desirable **200-239mg/dL: Borderline-High** **≥240mg/dL: High**	**<35mg/dL: Low HDL-Cholesterol**

Second Report of the Expert Panel on Detection, Evaluation and Treatment of High Blood Cholesterol in Adults, National Institutes of Health, National Heart, Lung, and Blood Institute; 1993.

Re-screening and Intervention Standards:

- At the clinician's discretion, based on lab results and other risk factors.

Education Standard

- All overweight patients should be counseled to lose weight, regardless of their cholesterol level.
- All physically inactive patients should be counseled to increase their physical activity, regardless of their cholesterol level.
- Advise patients of the need for periodic re-screening and explain normal values.
- Discuss reduced fat diet and maintaining a physically active lifestyle as risk reduction for all patients potentially at risk.
- Counsel on any other related risk factors such as smoking, diabetes, hypertension and/or estrogen replacement therapy.

Patient Counseling

- Have your cholesterol checked every _____ year(s).
- Your cholesterol test is due in _____.
- Make changes in your life style to lower your cholesterol. Things you can do:
  - Eat fewer foods that are high in fat, saturated fat, and cholesterol. Read food labels. Choose foods that have less than 30% of their total calories from fat and less than 10% saturated fats.
  - Lose weight if you are overweight. Eating fewer high-fat foods will help.
  - Eat more foods with fiber such as fruits, vegetables and whole grains.
  - Be more active. Thirty minutes or more of exercise most days of the week will help you to feel better, lose weight and lower your cholesterol.

References:

Clinician's Handbook of Preventive Services, 2nd Edition
Second Report of the Expert Panel on Detection, Evaluation and Treatment of High Blood Cholesterol in Adults, National Institutes of Health, National Heart, Lung, and Blood Institute

For additional information contact:
Texas Department of Health, Public Health Nutrition Program, 512-458-7744.

Topic 2-7B: Secondary Prevention in Adults with Coronary Heart Disease (CHD)*

Triglycerides are the form in which fat is carried through the blood to the tissues. It is not clear whether high triglycerides alone increase the risk of heart disease.

Screening Standard

An annual fasting lipoprotein analysis should be performed for individuals with pre-existing Coronary Heart Disease.

Recommended Standard Screening Guidelines

- Total lipid profile
- All specimens must be analyzed by a Clinical Laboratory Improvement Act (CLIA) certified lab.
- Do a clinical evaluation (history, physical exam, and laboratory test) and evaluate for:
  - Secondary causes (when indicated)
  - Evaluate for familial disorders (when indicated)

Re-Test and Follow-Up

- Lipoprotein analysis annually for patients with CHD.
- It is recommended that reasonable efforts be made to assure that patients referred to a physician receive treatment. (See Adult Health Program policy for Abnormal Screening Results.)

Education Standard

- Instruct the patient on the following:
  - Counsel on the need for periodic re-screening and monitoring if appropriate and normal values.
  - Patients should be counseled initially on a Step II diet (see National Cholesterol Education Program (NCEP) diets I and II in Section 2-8A).
  - A referral to a registered dietician is recommended for personalized diet instruction.
  - Provide counseling on other identified modifiable risk factors.
  - ADVISE PATIENT TO ASK PHYSICIAN ABOUT RESTRICTIONS BEFORE STARTING A PHYSICAL ACTIVITY PROGRAM.

Patient Counseling

- You are due to have your cholesterol rechecked on _____.
- Your cholesterol should be checked **yearly** or more often at your doctor's discretion.
- Things you can do to lower your cholesterol are:
  - Follow the Step 2 diet.
  - Ask your doctor about starting a physical activity program. Thirty minutes or more of exercise most days of the week will help you to feel better, lose weight and lower your cholesterol.
  - Lose weight if you are overweight.
- Make changes in your life style to lower your cholesterol. Things you can do:
  - Eat fewer foods that are high in fat, saturated fat, and cholesterol. Read food labels.
  - Eat fewer fried and snack foods.
  - Eat more foods with fiber such as fruits, vegetables and whole grains.

References:

Clinician's Handbook of Preventive Services, 2nd Edition
Second Report of the Expert Panel on Detection, Evaluation and Treatment of High Blood Cholesterol in Adults, National Institutes of Health, National Heart, Lung and Blood Institute
AHP Policy for Abnormal Screening results

For additional information contact:
Texas Department of Health, Public Health Nutrition Program, 512/458-7744

* This policy does not correlate with the HRP-SF, but has been included for the convenience of clinicians who wish to include this element as part of a comprehensive clinical prevention program.

Screening and Risk Reduction Education Standards

Topic 2-8A: Nutrition

Diet is linked to four of the ten leading causes of death in the United States. These four diseases--diabetes, heart disease, stroke and cancer–account for nearly 70% of the two million deaths that occur every year in this country. The over-consumption of calories and declining levels of physical activity have caused obesity to become a major public health problem among Americans.

Screening Standard

- All patients should be routinely provided with nutritional assessments and counseling.

Recommended Standard Screening Procedure

- Ask all patients about their dietary habits. Identify patients at risk for poor nutrition.
- Refer to the Clinician's Handbook of Preventive Services, 2nd Edition for the "Basics of Nutrition Counseling."
- A self-administered questionnaire, such as the TDH "Rate Your Plate"*, can help identify patients at risk and those in need of more in-depth evaluation or referral.
  *TDH form #10-61. (Ordering information in Appendix A-1 of this manual.)

Re-screening and Follow-up:

- Weigh and assess nutritional status regularly.
- If possible, refer all patients with complex nutritional needs, or a need for therapeutic diets, to a registered or licensed dietitian for instruction and support.
- Provide on-going support and reinforcement to patients undertaking significant dietary changes with follow-up visits, telephone calls or post cards.

Education Standard

- Provide all patients with basic information about managing a healthy diet.
- Instruct on the Food Guide Pyramid (TDH forms #10-23 (English) and #10-23a(Spanish))

Patient Counseling

- Eat a variety of foods. Eat several servings of grain products, fruits and vegetables in your diet every day.
- Eat foods that are lower in fats. Choose foods that have less than 30% of their calories from fat and less than 10% from saturated fat. Limit cholesterol to no more than 300 mg. per day. Learn to read food labels to choose lower fat foods.
- Eat fewer foods that are high in sugars and salt.
- If you drink alcohol, do not drink more than 2 drinks a day if you are a man or more than one drink a day if you are a woman.

From: US Department of Health and Human Services and US Department of Agriculture: Dietary Guidelines for Americans.

References:

Clinician's Handbook of Preventive Services, 2nd Edition
USDA Dietary Guidelines for Americans

For additional information contact:
Texas Department of Health, Public Health Nutrition Program: 512-458-7744.

Examples of Foods To Choose or Decrease for the Step I and II Diets*

Food Group	Choose	Decrease
Lean Meat, Poultry and Fish < 5-6 oz. per day	Beef, pork, lamb - lean cuts well trimmed before cooking	Beef, pork, lamb - regular ground beef, fatty cuts, spare ribs, organ meats, chicken fried steak
	Poultry without skin	Poultry with skin, fried chicken
	Fish, shellfish	Fried fish, fried shellfish
	* Processed meat - prepared from lean meat, e.g., lean ham, lean frankfurters, lean meat with soy protein	Regular luncheon meat, e.g., bologna, salami, sausage, frankfurters
Eggs < 4 yolks per week, Step I < 2 yolks per week, Step II	Egg whites (two whites can be substituted for one whole egg in recipes), cholesterol-free egg substitute	Egg yolks (if more than four per week on Step I or if more than two per week on Step II); includes eggs used in cooking/baking
Low-Fat Dairy Products 2-3 servings per day	Milk - skim, 1/2% or 1% fat (fluid, powdered, evaporated), buttermilk	Whole milk (fluid, evaporated, condensed), 2% fat milk (low-fat milk), imitation milk
	Yogurt - nonfat or low-fat yogurt or yogurt beverages	Whole milk yogurt, whole milk yogurt beverages
	* Cheese - low-fat natural or processed cheese	Regular cheese (American, blue, Brie, cheddar, Colby, Edam, Monterey Jack, whole-milk mozzarella, Parmesan, Swiss), cream cheese, Neufchatel cheese
	Low-fat or nonfat varieties,	Cottage cheese (4% fat)

	e.g.; cottage cheese (low-fat, nonfat, or dry curd - 0 to 2% fat)	
	Frozen dairy dessert - ice milk, frozen yogurt (low-fat or nonfat)	Ice cream
	Low-fat coffee creamer Low-fat or nonfat sour cream	Cream, half & half, whipping cream, nondairy creamer, whipped topping, sour cream

* Careful selection of processed foods is necessary to say within the sodium <2,400 mg guideline, especially for people with high blood pressure.

Fats and Oils < 6-8 teaspoons per day	Unsaturated oils -- safflower, sunflower, corn, soybean, cottonseed, canola, olive, peanut	Coconut oil, palm kernel oil, palm oil
	Margarine - made from unsaturated oils listed above, light or diet margarine, especially soft or liquid forms	Butter, lard, shortening, bacon fat, hard margarine
	Salad dressings - made with unsaturated oils listed above, low-fat or fat-free	Dressings made with egg yolk, cheese, sour cream, whole milk
	Seeds and nuts -- peanut butter, other nut butters	Coconut
	Cocoa powder	Milk chocolate
Breads and Cereals 6 or more servings per day	Breads -- whole-grain bread, English muffins, bagels, buns, corn or flour tortillas	Bread in which eggs, fat, And/or butter are a major ingredient; croissants, fried tortillas or those softened in oil, flour tortillas made with lard

	Cereals -- oat, wheat, corn, multi grain	Most granolas, crackling oat bran (read labels - choose those with about 1 gram of fat per serving)
	* Pasta * Rice	
	Dry beans and peas	Refried beans made with fat or lard, cheese or chorizo.
	Crackers, lo-fat, animal-type, graham, soda crackers, bread sticks, melba toast	High-fat crackers
	Homemade baked goods using unsaturated oil, skim or 1% milk, and egg substitute - quick breads, biscuits, cornbread muffins, bran muffins, pancakes, waffles	Commercial baked pastries, muffins, biscuits

* Prepared mixes such as Rice-a-Roni, Noodle Roni and Macaroni and Cheese may be high in sodium.

Soups	* Reduced- or low-fat and reduced-sodium varieties, e.g., chicken or beef noodle, minestrone, tomato, vegetable, potato, reduced-fat soups made with skim milk	Soup containing whole milk, cream, meat fat, poultry fat, or poultry skin
Vegetables 3-5 Servings per day	Fresh, frozen, or canned, without added fat or sauce	Vegetables fried or prepared with butter, cheese, or cream sauce
Fruits 2-4 Servings per day	Fruit -- fresh, frozen canned, or dried	Fried fruit or fruit served with butter or cream sauce

	Fruit juice -- fresh, frozen, or canned	
	Beverages -- fruit flavored drinks, lemonade, fruit punch	
Sweets and Modified Fat Desserts	Sweet -- sugar, syrup, honey, jam, preserves, candy made without fat (Candy corn, gumdrops, hard candy), fruit-flavored gelatin	Candy made with milk chocolate, coconut oil, palm kernel oil, palm oil
	Frozen desserts -- low-fat and nonfat yogurt, ice milk, sherbet, sorbet, fruit ice, popsicles	Ice cream and frozen treats made with ice cream, whole milk, cream
	Cookies, cakes, pie, pudding - prepared with egg whites, egg substitute, Skim milk or 1% milk, and unsaturated oil or Margarine; ginger snaps, fig and other fruit bar cookies, fat-free cookies; angel food cake	Commercial baked pies, cakes, doughnuts, high-fat cookies, cream pies

* Careful selection is necessary to stay within the sodium <2400 mg guidelines.

Source: Second Report of the Expert Panel on Detection Evaluation and Treatment of High Blood Cholesterol in Adults, National Institutes of Health, September 1993

Screening and Risk Reduction Education Standards

Topic 2-8B: Physical Activity

Cardiovascular disease (CVD) is the leading cause of death for Americans. Growing evidence indicates that physical inactivity is a major risk factor for CVD, as well as for Type 2 diabetes mellitus, colon cancer, obesity, osteoporosis, and falls.

Recommended Standard Screening Procedure

All patients should be routinely questioned about their activity level.

Screening Guidelines

Use the Adult Health Program Health Risk Profile, or a similar tool, to determine if the patient is not adequately physically active.

Retest/Follow-up

Ask about activity at every visit.

Education Standard

- All patients should be instructed to do some kind of moderate activity for at least 30 minutes most days of the week.
- PATIENTS WITH HEART DISEASE AND/OR THOSE WITH PHYSICAL DISABILITIES OR WHO HAVE BEEN PHYSICALLY INACTIVE FOR A LONG PERIOD OF TIME SHOULD CONSULT WITH A PHYSICIAN BEFORE STARTING A PHYSICAL ACTIVITY PROGRAM.

Patient Counseling

- Regular moderate physical activity can help improve the way you look, feel and work.
- You don't have to train like a marathon runner to become physically fit. Any activity that gets you moving, even if it is just for a few minutes, is better than none at all.
- The trick is to get started. One great way is to increase your activity to at least 30 minutes most days of the week. You can even do 10 minutes, 3 times a day!
- The potential benefits are:
    - Weight loss; more energy; increased stamina, strength and flexibility
    - Greater resistance to stress and fatigue
    - Reduced risk of heart attack and diabetes

- What are things you like to do that increase your activity level?

References:

Clinician's Handbook of Preventive Services, 2nd Edition.
Physician Assessment and Counseling on Exercise (PACE) Manual

For additional information contact:
Texas Department of Health, Texas Diabetes Council (Walk Texas!): 512-458-7490

Screening and Risk Reduction Education Standards

Topic 2-9: Oral Health and Hygiene

Oral health problems affect most Americans at some time in their lives. The most common problems are tooth decay and diseases of the gums. Both of these conditions are largely preventable. Oral cancer kills 8,000 Americans every year, with 30,000 new cases diagnosed yearly. Men are affected by oral cancer twice as often as women, and 90% of cases occur in persons older than 45 years of age. Use of tobacco in any form and heavy alcohol consumption are major risk factors for development of oral cancer.

Screening Standard

- Assess patient risk for dental disease and oral cancer.
- A thorough examination of the mouth should be part of the periodic health examination.
- Patients should be encouraged to see a dentist on a regular basis.

Recommended Standard Screening Procedure

- When examining the mouth, the clinician should be alert for obvious signs of untreated tooth decay or mottling, inflamed or cyanotic gingiva, loose teeth, severe halitosis, and for signs of oral cancer or pre-malignancy, especially in persons who use tobacco and/or alcohol.

Evaluative Criteria

Further follow-up or referral for care is recommended for:

- Any deviation from normal in the appearance of the lips, gingiva, buccal mucosa, palate, tongue or oropharynx.
- Abnormal findings during the oral cavity examination, such as: nodules, ulcerations, red or indurated lesions, flat white patches, or white-red or red plaque on the mucous membranes of the mouth or throat.

Education Standard

- Instruct all patients on good oral hygiene.
- Instruct patients on nutrition for healthy teeth.
- Encourage all patients to see a dentist regularly.

Patient Counseling

- See a dentist regularly.
- Brush your teeth with a soft bristled toothbrush after eating every day.
- Toothpaste with fluoride can help prevent cavities.
- Use dental floss daily to prevent gum disease. Gum disease is the leading cause of tooth loss in adults.
- Eat fewer sweets, especially between meals if you cannot brush after eating.
- Protect your lips and skin from excessive sun exposure.
- Do not smoke cigarettes, pipes or cigars, or use smokeless tobacco.
- If you drink, limit consumption of alcohol to no more than two drinks a day for men and no more than one drink a day for women.
- If you use tobacco or drink alcohol have your mouth checked for cancer regularly. You should check your mouth regularly and see your doctor or clinic if you have any lumps, pain, bleeding or white or red patches anywhere in your mouth or under your tongue.

Reference:

Clinician's Handbook of Preventive Services, 2nd Edition.

For additional information contact:
Texas Department of Health, Bureau of Dental Health Services, 512-458-7323.

Screening and Risk Reduction Educational Standards

Topic: 2-10: Hormone Replacement Therapy (HRT)

HRT in postmenopausal women can reduce the risk of osteoporosis which contributes to about 1.2 million fractures per year in the U.S. HRT also reduces symptoms of menopause and may help protect women against coronary artery disease (CAD).

Screening Standard

- All perimenopausal women should be counseled about the risks and benefits of hormone replacement therapy.

Recommended Standard Screening Procedure

- Identify women for counseling based on perimenopausal status.
- Refer to the Clinician's Handbook of Preventive Services, 2nd Edition for the "Basics of Estrogen/Progestin Prophylaxis."
- Refer to the Clinician's Handbook of Preventive Services, 2nd Edition for the "Basics of Osteoporosis Counseling."

Education Standard

- Teach patients the risks/benefits of post-menopausal hormone replacement therapy.
- Teach patients the risks for and prevention of osteoporosis.

Patient Counseling

- Osteoporosis is thinning of the bones and can lead to fractures (broken bones). Both men and women can develop osteoporosis, but women are at greater risk.
- You are at greater risk to develop osteoporosis if:
  - You are a thin or of Asian or Caucasian ancestry.
  - You smoke cigarettes or drink alcohol more than moderately.
  - Your mother had osteoporosis, or you had menopause at/before age 40
- You can reduce your risk for osteoporosis if you:
  - Get enough calcium. Women who have had menopause should get 1500mg of calcium and at least 400 I.U. of Vitamin D every day.
  - Do regular weight-bearing exercise like walking, running, or dancing.
  - Hormone replacement therapy after menopause can protect your bones from osteoporosis, can ease the symptoms of menopause and may help protect you from coronary heart disease. Talk to your doctor or nurse about the risks and benefits of hormone replacement therapy.

Reference:

Clinician's Handbook of Preventive Services, 2nd edition

Screening and Risk Reduction Education Standards

Topic 2-11: Tuberculosis (TB) Infection

In 1995, a total of 22,860 new cases of active tuberculosis were reported in the United States. This is the lowest rate of reported cases since national surveillance began in 1953. During the 1980s and early 1990s, the number of cases of active tuberculosis increased significantly. Continued control of tuberculosis depends on screening high-risk populations and providing adequate preventive therapy to infected individuals.

Screening Standard

- Tuberculin skin testing should be performed on all individuals at high risk.

Recommended Standard Screening Procedure

- Patients with identified risks should be questioned further to determine if they require a Mantoux test.
- Use the Mantoux test exclusively in testing high-risk populations. Screening is recommended for persons with risk factors (see below) who have not had a TB test in a year. Do not use multiple-puncture tests.
- Some patients with identified risks may not need an annual screening. An accurate health history should be obtained to determine if the patient needs to be screened.
- Persons with a documented history of a previous positive skin test should not be tested.
- Refer to the Clinician's Handbook of Preventive Services, 2nd Edition for the "Basics of Tuberculosis Screening."

Evaluative Criteria

- Read test results 48-72 hours after administration.
- Palpate the margins of induration across the arm. A ballpoint pen held lightly at a 45-degree angle and pushed gently across the arm may be used to find the margins of induration.
- Test results should always be recorded in the number of millimeters of induration, never as only negative or positive.
- Meaning of results:
    - Redness of any size without induration is negative and should be recorded as 0mm.
    - Induration of 0mm-4mm: negative.
    - Induration of **5mm or more** is a positive reaction in the following:
        1. People who are HIV positive
        2. People with recent close contact to an infectious person
        3. People with chest x-rays suggestive of previous TB
        4. IV drug users whose HIV status is unknown

- Induration of **10mm or more** is a positive reaction in:
    1. Foreign-born persons from endemic areas.
    2. IV drug users known to be HIV negative.
    3. Low-income persons with poor access to health care
    4. Persons who live in residential settings such as nursing homes and correctional facilities
    5. People with other medical conditions that increase their risk (diabetes, ESRD, chronic malabsorption syndromes, immunosuppressive therapy, etc.).
    6. Those identified at high risk by local public health officials.
- Induration of **15mm or more** is a positive reaction in persons with no risk factors.

Re-screening and Follow-up

- Re-screen high risk populations periodically. The frequency should be determined by the likelihood of continuing exposure to infectious TB.
- Absence of a reaction does not exclude a diagnosis of TB. A person with signs and symptoms of tuberculosis should be evaluated regardless of the results of the skin test.
- Reactions may wane with age; some individuals may require two-step testing.
- Patients with a positive skin test should be referred for medical evaluation regardless of whether or not they were vaccinated with BCG.
- Live virus vaccines may interfere with testing. Administer TB skin test on the same day as vaccination with live viruses (MMR, OPV, varicella) or wait a full month after immunization to administer the skin test.
- Report tuberculosis to TDH on form TB-400 A-B, "Reports of Case and Patient Services."

Education Standard

- Patients should be aware of conditions that put them at risk for contracting TB.

Patient Counseling

- Tuberculosis (TB) is a serious disease that spreads through the air when people with TB breathe, cough, sneeze, sing or talk.
- People who have close contact with someone with TB are most likely to be infected. Close contact is living with or being indoors a lot with someone who has TB.
- People who have been exposed to TB, but do not have active TB, are not contagious.
- People with active TB disease may have symptoms such as weight loss, a chronic cough, night-sweats and weakness. Even if a person with active TB does not have symptoms, he or she can still infect other people.

- A TB skin test is given to find out if a person has been infected with TB. The results are read in 48-72 hours after the test is given. If positive, a chest X-ray is needed

References:

Clinician's Handbook of Preventive Services, 2nd Edition
Core Curriculum on Tuberculosis, USDHHS, CDC.

For additional information contact:
The Texas Department of Health Tuberculosis Elimination Division, 512-458-7447.

Screening and Risk Reduction Education Standards

Topic 2-12: Sexually Transmitted Disease and Human Immunodeficiency Virus

Almost twelve million cases of sexually transmitted diseases (STD) occur in the U.S. every year. Eighty-six percent of the cases are in persons 15 to 29 years old. Early detection of STD can prevent serious complications. The Centers for Disease Control estimate that as many as 900,000 Americans are HIV positive. AIDS is the leading cause of death in men aged 25-44 and the third leading cause of death in women aged 25-44. Early detection of HIV infection can delay the development of AIDS.

Screening Standard

- Advise all adult patients about the risk factors for STD and HIV infection. Provide customized counseling on effective risk reduction measures.
- At risk patients should be screened for sexually transmitted diseases and HIV.

Recommended Standard Screening Procedure

- Identify persons at risk for STD/HIV based on a careful history and assessment of sexual behavior and drug use and consideration of local STD and HIV epidemiology.
- Individuals at risk for STD should receive counseling and the appropriate screening tests at intervals to be determined by the clinician and as clinically indicated.
- Patients with clinical signs/symptoms of an STD should be tested for the specific disease, screened for other STDs and encouraged to have HIV testing.
- Patients who have symptomatic partners should be screened for STD and encouraged to have HIV testing.

Re-screening and Follow-up

- Persons who have negative STD/HIV test results and continue to engage in high-risk behaviors should be counseled and re-screened periodically and as clinically indicated.
- Patients with positive STD test results should be counseled and treated or referred to a source of care. All sexual partners of a infected person should be counseled and treated or referred to a source of care.
- Patients with reactive HIV screens and positive Western Blots should be referred to a source of care for medical evaluation, case-management and treatment.
- Syphilis, gonorrhea, chancroid, and laboratory confirmed Chlamydia trachomatis infections are reportable in accordance with section 97.132, 97.134, and 97.135 of TAC. Use form STD-27 (Confidential Report of Sexually Transmitted Disease) to report these sexually transmitted diseases.
- HIV infection in persons 13 years of age and older is reportable by the last four digits of the patient's

social security number, sex, race, date of birth, date of test, and by the county, city and zip code in which the patient resides.

Education Standard

- Provide risk-reduction education on effective strategies to prevent HIV and other STD infection. Prevention messages should be tailored to the patient, with regard to his or her specific risk factors.
- Intravenous drug users should be told the dangers of sharing needles and encouraged to enroll in drug treatment program.

Patient Counseling

All sexually transmitted diseases can be prevented.
Not all sexually transmitted diseases can be cured.

You can protect yourself from HIV infection and other sexually transmitted diseases. The only way that is 100% sure is to not have sex, but if you have sex, you can reduce your risk:

- Talk to a new partner about safe sex before you ever have sex.
- Do not have more than one sexual partner. The more partners you have, the higher is the risk that you will get an infection.
- To help prevent infection, use a condom with spermicide every time you have sex.
- If your partner has other sexual partners he or she can infect you. Use a condom with a spermicide every time you have sex.
- Do not share any kind of needles. Sharing needles can spread HIV, hepatitis and other serious infections. Do not have sex with anyone who shares needles.
- Alcohol or drugs and sex do not mix. You cannot make good decisions if you have been drinking or using drugs.
- HIV and STD can be spread by oral, vaginal or rectal sex. Use a condom with spermicide for every kind of sexual intercourse.
- Remember, condoms are not 100% effective protection. You can still be infected. Call your doctor or clinic if you have:
    - Unusual discharge from the penis/vagina/rectum or burning on urination.
    - Bleeding after sex or unusual bleeding from the penis, vagina or rectum.
    - Abdominal pain or pain with sex.
    - Sores, bumps or rashes on the penis, or around the vagina or rectum.
    - Your sexual partner has any of these problems or tells you he or she has been infected with an STD.

References:

Clinician's Handbook of Preventive Services, 2nd Edition
1998 Guidelines for Treatment of Sexually Transmitted Diseases, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.
For additional information contact:
Texas Department of Health Bureau of HIV/STD Prevention at 1-800-299-2437
Texas Department of Health Bureau of Women and Children at 512-458-7700
TDH Infectious Disease Epidemiology and Surveillance Division at 1-800-252-8239

Screening and Risk Reduction Education Standards

Topic 2-13: Unintended Pregnancy

Effective methods to control fertility are available to most men and women in the U.S. Despite that, it is reported that 60% of pregnancies in the U.S. are unintentional pregnancies. For single and adolescent women, the percentages of unintended pregnancies exceed 80%. Most unintended pregnancies result from failure to use a birth-control method or improper use of a method.

Screening Standard

- Obtain a history of sexual practices on all patients.
- Counsel all sexually active women who do not wish to become pregnant, and all men who do not wish to father a child on contraceptive methods and prevention of unintended pregnancy.

Recommended Standard Screening Procedure

- Identify patients at risk for unintended pregnancy due to unprotected sexual activity and expressed desire to postpone parenthood.
- Refer to the Clinician's Handbook of Preventive Services, 2nd Edition for the "Basics of Counseling to Prevent Unintended Pregnancy.
- Couples using barrier methods of contraception should be told of the availability and accessibility of the post-coital or "morning after" method to prevent pregnancy.

Re-screening and Follow-up

- Follow-up counseling is particularly important in the first few weeks of contraceptive use to deal with potential side effects and difficulties associated with use.
- Counseling should continue every time the patient is seen, especially until he or she is comfortable

with the use of the contraceptive method.

Education Standard

- Educate patients about the use, characteristics, advantages and disadvantages of the various contraceptive methods. Assist patients to choose a method in keeping with their abilities, motivation, and lifestyle to help insure proper, consistent use of the method.
- Discuss which method can provide protection against sexually transmitted infections.
- Contraception is the responsibility of both partners. If possible, involve both partners in counseling and discussion of contraceptive options. Discuss ways men can participate in family planning.

Patient Counseling

- If you are having sex and are not using a birth control method every time you have sex, you can become a parent.
- If you are not ready to be a parent now, choose a birth-control method to use every time you have sex.
- There a different types of birth control and they work in different ways. One of them will be right for you and your sexual partner.
  - < Some methods provide constant protection as long as they are used, such as birth control pills, birth control injections and implants, and the intrauterine device (IUD). If a woman stops using these methods, misses pills, or is late getting an injection, she can become pregnant.
  - < Other methods are used only when a couple wants to have sex. These methods (the condom, diaphragm, cervical cap, contraceptive film, foam, jellies and suppositories) are called barrier methods and must be used every time a couple has sex or a pregnancy could occur.
  - < The "morning-after pill" can be used to prevent a pregnancy in certain emergency cases. Ask your doctor or nurse about how it works.
  - < Some methods of birth control are permanent, such as the bilateral tubal ligation and the vasectomy, and require out-patient surgery.
- Remember:
  - It takes a man and a woman to make a baby. It is best it both the man and the woman agree about how to postpone a pregnancy.
    - Many birth-control methods that prevent pregnancy do not prevent sexually-transmitted disease. If you are at risk, use condoms every time you have sex to prevent infection.
  - If you have problems with your birth-control method, call your doctor or clinic for advice–do not just stop using your method.

References:

Clinician's Handbook of Preventive Services, 2nd Edition
Contraceptive Technology, 16th Edition

For additional information contact:
Texas Department of Health, Bureau of Women and Children: 512-458-7700.

Screening and Risk Reduction Educational Standards

Topic 2-14: Alcohol and Drug Use

It is estimated that the abuse of alcohol and other drugs costs our society over 130 billion dollars every year. Much morbidity and mortality associated with substance abuse is related to the misuse of prescription drugs. The prevalence of drug abuse does not differ among ethnic groups, although the pattern and preference of drug use may vary. Primary care providers can have a significant effect on reducing drug and alcohol abuse by providing minimal intervention and advice. Despite this, primary care providers often fail to recognize signs and symptoms of alcohol or drug abuse in their patients.

Screening Standard

- Screening to detect problem drinking is recommended for all adult patients.
- Clinicians should be alert to the signs and symptoms of drug abuse in patients.

Recommended Standard Screening Procedure

- Ask all patients about current and past alcohol and drug use.
- Brief, self-administered screening questionnaires (MAST, DAST) can help identify patients at risk and those who should receive further evaluation.
- Current alcohol drinkers should be asked the CAGE questions to identify patients at risk for alcohol related problems.

  C: "Have you ever felt you ought to **C**ut down on drinking?"
  A: "Have people **A**nnoyed you by criticizing your drinking?"
  G: "Have you ever felt bad or **G**uilty about your drinking?"
  E: "Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover (**E**ye opener)?"

- Refer to the Clinician's Handbook of Preventive Services, 2nd Edition for "Basics of Counseling for Abuse of Alcohol and Other Drugs."

Re-screen and Follow-up

- Re-evaluate annually or at clinician's discretion.
- Patients who are misusing drugs and/or alcohol should be provided with information, support and resources to assist in abstaining from or reducing drug and alcohol use.
- Provide follow-up to patients who are abstaining or quitting. Return appointments should be scheduled at regular intervals, particularly during the first few weeks of the patient's efforts to stop

or moderate use.

Education Standard

- All patients should receive basic education on risks and hazards of drug and alcohol abuse.
- Patients who exhibit risky behavior should be given clear advice to stop or to moderate alcohol use.
- Moderate alcohol use is no more than two drinks (one beer, one ounce of liquor, five ounces of wine) per day for men and no more than one drink per day for women.

Patient Counseling

- Alcohol can hurt you if you drink too much.
- Alcohol can make other health problems, such as high blood pressure, worse.
- Alcohol can cause problems at work and at home.
- If you are pregnant, do not drink alcohol. Alcohol can cause birth defects. No amount of alcohol is safe during pregnancy.
- If you drink, you should drink only in moderation. That means no more than two drinks a day for men and no more than one drink a day for women. One drink equals one beer, one ounce or shot of liquor or one five ounce glass of wine.
- Do not operate a motor vehicle after drinking alcohol.
- Street drugs are dangerous and illegal. Avoid them.
- If your use of drugs or alcohol is causing problems for you or for those close to you, ask your doctor or nurse for help.

Reference:

Clinician's Handbook of Preventive Services, 2nd Edition

Screening and Risk Reduction Education Standards

Topic 2-15: Injury and Accidents

Unintentional injuries are the fifth leading cause of death in the US and the leading cause of death among persons below the age of 45 years. Motor vehicle accidents account for fifty percent of deaths due to unintentional injuries. Alcohol is implicated in 60% of all motor vehicle accidents. Other causes of unintentional injury deaths are falls, poisoning, drowning, and residential fires. Falls are the second leading cause of death among adults aged 65-84 years. It is estimated that one million women a year, and some men, seek assistance for injuries caused by battering. Studies indicate that domestic violence is under-detected and under-treated.

Screening Standard

- Counsel all adult patients on the prevention of household and environmental injuries.
- Counsel elderly patients and/or their caregivers on specific measures to reduce the risk of falls.
- All clinicians should be alert to the signs and symptoms associated with abuse and neglect. These signs include:
    - repeatedly presenting with vague somatic complaints such as headaches, insomnia, choking sensation, hyperventilation, gastrointestinal symptoms, and back, chest or pelvic pain.
    - presenting with multiple injuries and implausible explanations for the injuries.

Recommended Standard Screening Procedure

- Identify patients who are at risk for unintentional injury based on personal behaviors or other factors.
- Refer to the Clinician's Handbook of Preventive Services, 2nd Edition for the "Basics of Injury Prevention Counseling."
- Refer to the Clinician's Handbook of Preventive Services, 2nd Edition for the "Basics of Detecting and Counseling Women Who are Victims of Partner Violence."

Re-screening and Follow-up

- Assess risk behavior periodically.
- Refer patients to community agencies, where appropriate, for assistance. For example; in many communities the local fire department provides smoke detectors to low-income families.
- Patients at risk for domestic violence should be given information about safe-places, shelters or hot-lines.

Education Standard

- Counsel all adult patients on injury prevention and safety.
- Patients with identified risky behavior should be provided more extensive risk-reduction counseling.

Patient Counseling

- Use the seatbelt every time you drive or ride in a motor vehicle. Seatbelts save lives.
- Do not drink alcohol and drive. Drinking also does not mix with swimming, firearms or machinery.
- Do not ride in a vehicle if the driver has been drinking alcohol.
- Wear safety helmets when riding on a bicycle or motorcycle.
- Put smoke detectors in your house. Make sure they work: test them from time to time and change the battery at least once a year.
- Keep children safe from dangers in the home. Keep all firearms locked up and unloaded. Medications, household chemicals and cleaners, and poisons should not be stored where children can get to them.
- Many women, children and elderly persons, and some men are hit, threatened, or injured by their partners or a family member. If you or someone you know is physically or emotionally threatened or harmed by a partner or a family member, there is help. There are safe places to go. Ask your doctor, nurse, clinic, social worker, police or sheriff's department, or church for help.

Reference:

Clinician's Handbook of Preventive Services, 2nd Edition

For additional information contact:
Texas Department of Health, Injury Prevention and Control Program: 512-458-7266.

Risk Reduction Education Strategies

Topic 2-16: Effective Risk Reduction Education and Counseling

The most promising intervention for prevention in current medical practice lies in educating and empowering patients to change personal health behavior. Shifting responsibility from the clinician to the patient requires skillful counseling and education, allowing the patient to assume a more active role in their own care.

In order to deliver effective patient education, the provider should be familiar with several guidelines:

- Counseling should be culturally appropriate.
- Information and services should be presented in a style and format that are sensitive to the culture, values and traditions of the patient.
- Information should be provided at a level of comprehension consistent with patient's age, educational background and learning skills.
- Education presented should use dialect and terminology that is consistent with the language and communication style of the patient.

Basics of Delivering Patient Counseling and Education

- Develop a therapeutic alliance with the patient.
- Ensure that the patient understands the relationship between behavior and health.
- Assess the patient's readiness to change a health behavior and involve them in selecting risk factors to change.
- Work with the patient to assess barriers to behavior change.
- Gain commitment from the patient to change, and contract for behavior modification.
- Use a combination of educational strategies to provide information.
    - Patients in the early stages of behavior change may benefit most from information but probably not from intensive interventions.
    - Those ready to change may benefit from more direct task oriented counseling and behavior modification.
    - Those who have successfully made a behavior change need follow-up and support.

General Counseling Tips

- Prioritize educational messages according to the needs and interests of each individual patient.
- Be sure you know the patient's name and use it several times.
- Emphasize gradual change. Change in lifestyle behavior and eating patterns occur over time, not overnight. Also, gradual change is more likely to become permanent change.
- Give positive feedback. Congratulate participants on healthy lifestyle changes.
- People who need more in depth or individualized information should be referred to a specialist in the area of need.

- Don’t attempt to answer questions for which you have not been trained.